

Child Support Savings Initiative Program

Withdrawal Form

- Use this form to request a withdrawal from your CSSI Learning Quest account.
- You will need to provide copies of receipts for qualified higher education expenses paid by you (the beneficiary) when requesting a withdrawal payable to yourself, except as noted below. You will need to provide a bill(s) from the eligible institution if requesting a check be made payable to the institution.
- See the Learning Quest Handbook for more information on “Qualified Higher Education Expenses” and “Eligible Educational Institutions.”
- If you have questions, please contact Child Support Services at (888)632-7758.
- Print clearly, preferably in capital letters in black ink. Mail the forms to the address below. Do not staple.
- Child Support staff will review the form to verify there is a CSSI Learning Quest account. The form will then be forwarded to Learning Quest to process the withdrawal request and ensure it is a qualified higher education expense.

Return this form and any other required documents to:
Child Support Services, *CSSI Program*
P.O. Box 0497
Topeka, KS 66601-0497

For overnight delivery or registered mail, send to:
Child Support Services, *CSSI Program*
915 SW Harrison, 8th Floor North
Topeka, KS 66612

1. Noncustodial Parent Information

Noncustodial Parent's Name (First, Middle Initial and Last Name)

Daytime Phone Number

Noncustodial Parent's Social Security Number

2. Beneficiary Information

Beneficiary's Name (First, Middle Initial and Last Name)

Beneficiary's Street Address

Apartment/Unit

City

State

ZIP

Social Security Number

3. Withdrawal Information

Provide Your CSSI Learning Quest Account Number

Indicate the Type of Withdrawal and the Amount:

☐ **Nonqualified withdrawal*:** \$_____Dollar Amount

* may only be paid to the beneficiary after the beneficiary reaches 25 years of age.

or

☐ **Qualified Withdrawal:** \$ _____ Dollar amount

Enclose copies of your receipts for your education expenses that you have paid. If you have requested that the withdrawal be paid directly to an eligible educational institution, please submit a copy of the bill from the institution. The amount of the qualified withdrawal cannot exceed the amount stated on the receipts or bill.

4. Payment Method Instructions (Choose one.)

☐ A. By check to designated beneficiary.

Designated Beneficiary Mailing Address

City

State

ZIP

- ☐ B. By check to eligible educational institution. (Provide the exact school address below. Payments sent to the eligible educational institution are reported under the designated beneficiary's Social Security Number. If the Student ID is not included, we will send the check to the beneficiary's address on record payable to the educational institution.)

Name of School (Complete only if the withdrawal is to be sent directly to the school.)

Department/Office/Contact Name

Student ID (required). For security reasons, a Social Security Number will not be acceptable.

Mailing Address

City

State

ZIP

- ☐ Check if you would like your check sent expedited delivery (no P.O. mailboxes permitted). A \$10 fee will be applied to your account. With expedited delivery, your withdrawal check should be received within three business days once your request is received in good order and processed.

5. Signature

If the beneficiary is under the age of 18, a parent or guardian must also sign authorizing this withdrawal.

Withdrawals made payable to an institution

If I have requested the check for this withdrawal to be made payable to an institution, I certify that the institution is an eligible educational institution and that the check will be used to pay for qualified educational expenses.

Beneficiary Signature

Date

Parent/Guardian Signature

Date

For Official Use Only

Approved by CSS

Date